

E-filing

COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983

Reyes Oscar  
(Last) (First) (Initial)

Prisoner Number 2344229

Institutional Address 850 BRYANT ST SF CA 94103

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

Oscar Reyes  
(Enter the full name of plaintiff in this action.)

vs.

Michael Hennessey (sheriff)  
Sr. Deputy Gachez  
Sgt. Degarman  
(Enter the full name of the defendant(s) in this action))

CV 08

Case No. 1356  
(To be provided by the clerk of court)

COMPLAINT UNDER THE  
CIVIL RIGHTS ACT,  
42 U.S.C §§ 1983

(PR)

[All questions on this complaint form must be answered in order for your action to proceed..]

I. Exhaustion of Administrative Remedies

[Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement SAN FRANCISCO COUNTY JAIL

B. Is there a grievance procedure in this institution?

YES (X) NO ( )

C. Did you present the facts in your complaint for review through the grievance procedure?

YES (X) NO ( )

D. If your answer is YES, list the appeal number and the date and result of the

COMPLAINT

appeal at each level of review. If you did not pursue a certain level of appeal, explain why.

1. Informal appeal N/A

2. First formal level Did not Respond

3. Second formal level 12-28-07  
See Exhibit A1 AND A2

4. Third formal level 12-31-07  
See Exhibit A1 AND A2

E. Is the last level to which you appealed the highest level of appeal available to you?

YES (✓) NO ( )

F. If you did not present your claim for review through the grievance procedure, explain why. N/A

## II. Parties

A. Write your name and your present address. Do the same for additional plaintiffs, if any.

OSCAR REYES  
850 BRYANT ST. SF. CA. 94103

B. Write the full name of each defendant, his or her official position, and his or her

place of employment.

Michael Hennessey - Sheriff - SF. County Jail

SR. Deputy Gocherz - Deputy - SF. County Jail

Sgt. Depozman - Deputy - SF County Jail

### III.

#### Statement of Claim

State here as briefly as possible the facts of your case. Be sure to describe how each defendant is involved and to include dates, when possible. Do not give any legal arguments or cite any cases or statutes. If you have more than one claim, each claim should be set forth in a separate numbered paragraph.

ON the DAY OF 12/24/07 AFTER Refusing to CUFFED UP FOR SR. Deputy Gocherz he activated the INSTITUTIONAL SORT team. UPON ARRIVAL I WAS ASKED to cuff up AGAIN ONE time I complied. After Being cuffed up I WAS EXCESSIVELY treated with UNNECESSARY FORCE. MY head WAS Pushed FORWARD to the Point that MY CERVICAL SPINE shot Pain Down to MY lower lumbar the handcuffs were so tight they cut into MY WRIST and left PERMANENT indentations. DURING the EXTRACTION the SORT team twisted MY ARMS CAUSING severe agony and Pain. MY hair was PULLED also JERKING MY CERVICAL SPINE causing me Pain in MY NECK. this was all UNNECESSARY due to the fact I was NOT Resisting and should of been with less force. I Believe this violated MY 8<sup>th</sup> amend of the U.S. constitution of cruel and UNUSUAL Punishment. this is EXHAUSTION of #2 USC 1997

#### IV. Relief

Your complaint cannot go forward unless you request specific relief. State briefly exactly what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

COMPENSATORY DAMAGES UNDER U.S. CONSTITUTION

COMPLAINT

1 Amendment VIII in the amount of \$ 100.000<sup>00</sup>  
2 Knudson vs. City of Ellensburg 832 f.2d 1142 1149  
3 (9th Cir. 1987)  
4  
5  
6

7 I declare under penalty of perjury that the foregoing is true and correct.  
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9 Signed this 2<sup>nd</sup> day of JAN., 2008  
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12 (Plaintiff's signature)  
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